AMENDMENTS TO THE SPECIFICATION

Please replace the paragraph no. 32 with the following amended paragraph:

In a ninth embodiment, the invention provides methods for the treatment of a subject having a cancer by administering an antibody, antibody fragment or antibody conjugate of the present invention, either alone or in combination with other cytotoxic or therapeutic agents. In particular, preferred cytotoxic and therapeutic agents include docetaxel, paclitaxel, doxorubicin, epirubicin, cyclophosphamide, trastuzumab (Herceptin™), capecitabine, tamoxifen, toremifene, letrozole, anastrozole, fulvestrant, exemestane, goserelin, oxaliplatin, carboplatin, cisplatin, dexamethasone, antide, bevacizumab (Avastin™), 5-fluorouracil, leucovorin, levamisole, irinotecan, etoposide, topotecan, gemcitabine, vinorelbine, estramustine, mitoxantrone, abarelix, zoledronate, streptozocin, rituximab (Rituxan™), idarubicin, busulfan, chlorambucil, fludarabine, imatinib, cytarabine, ibritumomab (Zevalin™), tositumomab (Bexxar™), interferon alpha-2b, melphalam, bortezomib (Velcade™), altretamine, asparaginase, gefitinib (Iressa™), erlonitib (Tarceva™), anti-EGF receptor antibody (Cetuximab™, Abx-EGF™), and an epothilone. More preferably, the therapeutic agent is a platinum agent (such as carboplatin, oxaliplatin, cisplatin), a taxane (such as paclitaxel, docetaxel), gemcitabine, or camptothecin.

Please replace the paragraph no. 93 with the following amended paragraph:

The therapeutic agents that can be combined with EM164 for improved anti-cancer efficacy include diverse agents used in oncology practice (*Reference*: Cancer, Principles & Practice of Oncology, DeVita, V. T., Hellman, S., Rosenberg, S. A., 6th edition, Lippincott-Raven, Philadelphia, 2001), such as docetaxel, paclitaxel, doxorubicin, epirubicin, cyclophosphamide, trastuzumab (Herceptin™), capecitabine, tamoxifen, toremifene, letrozole,

anastrozole, fulvestrant, exemestane, goserelin, oxaliplatin, carboplatin, cisplatin, dexamethasone, antide, bevacizumab (Avastin™), 5-fluorouracil, leucovorin, levamisole, irinotecan, etoposide, topotecan, gemcitabine, vinorelbine, estramustine, mitoxantrone, abarelix, zoledronate, streptozocin, rituximab (Rituxan™), idarubicin, busulfan, chlorambucil, fludarabine, imatinib, cytarabine, ibritumomab (Zevalin™), tositumomab (Bexxar™), interferon alpha-2b, melphalam, bortezomib (Velcade™), altretamine, asparaginase, gefitinib (Iressa™), erlonitib (Tarceva™), anti-EGF receptor antibody (Cetuximab™, Abx-EGF™), epothilones, and conjugates of cytotoxic drugs and antibodies against cell-surface receptors. Preferred therapeutic agents are platinum agents (such as carboplatin, oxaliplatin, cisplatin), taxanes (such as paclitaxel, docetaxel), gemcitabine, and camptothecin.

Please replace the paragraph no. 101 with the following amended paragraph:

Preferably, the therapeutic agent used in the kit is selected from the group consisting of docetaxel, paclitaxel, doxorubicin, epirubicin, cyclophosphamide, trastuzumab (Herceptin™), capecitabine, tamoxifen, toremifene, letrozole, anastrozole, fulvestrant, exemestane, goserelin, oxaliplatin, carboplatin, cisplatin, dexamethasone, antide, bevacizumab (Avastin™), 5-fluorouracil, leucovorin, levamisole, irinotecan, etoposide, topotecan, gemcitabine, vinorelbine, estramustine, mitoxantrone, abarelix, zoledronate, streptozocin, rituximab (Rituxan™), idarubicin, busulfan, chlorambucil, fludarabine, imatinib, cytarabine, ibritumomab (Zevalin™), tositumomab (Bexxar™), interferon alpha-2b, melphalam, bortezomib (Velcade™), altretamine, asparaginase, gefitinib (Iressa™), erlonitib (Tarceva™), anti-EGF receptor antibody (Cetuximab™, Abx-EGF™), and an epothilone. More preferably, the therapeutic agent is a

platinum agent (such as carboplatin, oxaliplatin, cisplatin), a taxane (such as paclitaxel, docetaxel), gemcitabine, or camptothecin.

Please replace the paragraph no. 104 with the following amended paragraph:

Based on the efficacy of EM164 antibody as a single agent in inhibiting the proliferation and survival of diverse human cancer cell lines as shown in Table 1, additional efficacy studies were carried out using combinations of EM164 antibody with other anti-cancer therapeutic agents. In these studies on diverse cancer cell lines, the combined treatment of EM164 antibody and other anti-cancer therapeutic agents resulted in an even greater anti-cancer efficacy than with either EM164 or the other therapeutic agent alone. These combinations of EM164 with other therapeutic agents are therefore highly effective in inhibiting the proliferation and survival of cancer cells. The therapeutic agents that can be combined with EM164 for improved anti-cancer efficacy include diverse agents used in oncology practice (*Reference*: Cancer, Principles & Practice of Oncology, DeVita, V. T., Hellman, S., Rosenberg, S. A., 6th edition, Lippincott-Raven, Philadelphia, 2001), such as docetaxel, paclitaxel, doxorubicin, epirubicin, cyclophosphamide, trastuzumab (Herceptin™), capecitabine, tamoxifen, toremifene, letrozole, anastrozole, fulvestrant, exemestane, goserelin, oxaliplatin, carboplatin, cisplatin, dexamethasone, antide, bevacizumab (Avastin™), 5-fluorouracil, leucovorin, levamisole, irinotecan, etoposide, topotecan, gemcitabine, vinorelbine, estramustine, mitoxantrone, abarelix, zoledronate, streptozocin, rituximab (Rituxan™), idarubicin, busulfan, chlorambucil, fludarabine, imatinib, cytarabine, ibritumomab (Zevalin™), tositumomab (Bexxar™), interferon alpha-2b, melphalam, bortezomib (Velcade™), altretamine, asparaginase, gefitinib (Iressa™), erlonitib (Tarceva™), anti-EGF receptor antibody (Cetuximab™, Abx-EGF™), epothilones, and conjugates of cytotoxic drugs and antibodies against cell-surface receptors.